

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HZ261658**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION							
NAME (LAST - FIRST - M.I.) PANTANO, MICHAEL A		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR							
STAR NO. 11886	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 10341 S UNION AVE							
DATE OF APPOINTMENT 09-JUL-2007	EMPLOYEE NO. [REDACTED]	CITY CHICAGO	STATE (If outside Chicago)						
UNIT OF ASSIGNMENT 353	BEAT/CALL NO. 4665A	LOCATION CODE 290-RESIDENCE	BEAT OF OCCURRENCE 2232						
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DATE OF OCCURRENCE 12-MAY-2016	TIME 09:15:00						
HEIGHT 5'11	WEIGHT 175	DAY OF WEEK THURSDAY							
NO. OF OFFICERS BATTERED <u>8</u>									
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO									
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>25</u>									
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED									
<input checked="" type="checkbox"/> 1. ON DUTY <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY <p>Describe _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY		WORKING: <ul style="list-style-type: none"> <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS <p>How many? <u>8</u></p> PATROL TYPE: <ul style="list-style-type: none"> <input type="checkbox"/> A. SOUAO CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER <u>SWAT</u> 							
MANNER OF ATTACK									
<ul style="list-style-type: none"> <input type="checkbox"/> 01. SHOT <input checked="" type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS) 									
TYPE OF WEAPON/THREAT									
(Check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> A. FIREARM CALIBER <input type="checkbox"/> B. HANDS/FISTS <input type="checkbox"/> C. FEET <input type="checkbox"/> D. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> E. VERBAL THREAT (ASSAULT) <input type="checkbox"/> F. OTHER (SPECIFY) _____ <ul style="list-style-type: none"> <input type="checkbox"/> B. VEHICLE <ul style="list-style-type: none"> <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT 									
FIREARM USE INFORMATION (Check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON 									
OFFENDER INFORMATION									
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB 21-JAN-1985	IR NO. _____						
CB NO. _____									
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="checkbox"/> 1. YES</td> <td><input type="checkbox"/> 1. YES</td> </tr> <tr> <td><input type="checkbox"/> 2. NO</td> <td><input type="checkbox"/> 2. NO</td> </tr> <tr> <td><input checked="" type="checkbox"/> 3. UNKNOWN</td> <td><input checked="" type="checkbox"/> 3. UNKNOWN</td> </tr> </table>				<input type="checkbox"/> 1. YES	<input type="checkbox"/> 1. YES	<input type="checkbox"/> 2. NO	<input type="checkbox"/> 2. NO	<input checked="" type="checkbox"/> 3. UNKNOWN	<input checked="" type="checkbox"/> 3. UNKNOWN
<input type="checkbox"/> 1. YES	<input type="checkbox"/> 1. YES								
<input type="checkbox"/> 2. NO	<input type="checkbox"/> 2. NO								
<input checked="" type="checkbox"/> 3. UNKNOWN	<input checked="" type="checkbox"/> 3. UNKNOWN								
NO. OF OFFENDERS PRESENT? <u>1</u>									
GANG RELATED?									
<input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES									
<input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO									
<input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN									
TYPE OF INJURY TO OFFICER		WEATHER CONDITIONS							
<ul style="list-style-type: none"> <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE 		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="checkbox"/> 1. YES</td> <td><input type="checkbox"/> 1. YES</td> </tr> <tr> <td><input type="checkbox"/> 2. NO</td> <td><input type="checkbox"/> 2. NO</td> </tr> <tr> <td><input checked="" type="checkbox"/> 3. UNKNOWN</td> <td><input checked="" type="checkbox"/> 3. UNKNOWN</td> </tr> </table>		<input type="checkbox"/> 1. YES	<input type="checkbox"/> 1. YES	<input type="checkbox"/> 2. NO	<input type="checkbox"/> 2. NO	<input checked="" type="checkbox"/> 3. UNKNOWN	<input checked="" type="checkbox"/> 3. UNKNOWN
<input type="checkbox"/> 1. YES	<input type="checkbox"/> 1. YES								
<input type="checkbox"/> 2. NO	<input type="checkbox"/> 2. NO								
<input checked="" type="checkbox"/> 3. UNKNOWN	<input checked="" type="checkbox"/> 3. UNKNOWN								
LIGHTING CONDITIONS AT INCIDENT		WEATHER CONDITIONS							
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN 		<ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND <input type="checkbox"/> G. OTHER 							
APPROXIMATE OUTDOOR TEMPERATURE: <u>65 °F</u>									

SWAT JOB, BARRICADED SUBJECT, SHOTS FIRED AT POLICE

REPORTING MEMBER - SIGNATURE
PANTANO, MICHAEL A

STAR NO.
11886

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
NAVARRO, KEVIN B

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